

# BREAKTHROUGH

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## HEMI-SYNC IN THE CLASSROOM

by

Jo Dee Owens

It's been almost three and a half years since I began using music with Hemi-Sync in the classroom. I use Hemi-Sync in that setting the same way it had originally been presented to me; with relaxation techniques and guided imagery along with cognitive material.

Utilizing music alone for relaxation and focusing was not a new idea for me. I had used relaxing music before with students in junior high school creative writing classes and in primary grades for "quiet time."

Imaging as a way of introducing cognitive material was not a strange process to me either. While working as a writer/producer for children's art programs on Educational Television, I did a comparative study using radio and TV for art instruction at the primary level. Eighteen classrooms were involved for one month. Some classrooms used radio as the means of art instruction while others used the television broadcast. The students listening to the radio were using an imagery process to learn and carry out a task. The results were interesting. The student art was evaluated by a panel of professional artists. The judges were totally unaware of how the artwork was accomplished, yet they consistently chose pictures from the radio art lessons.

When I first experienced Hemi-Sync and music together, I wanted to try it in the classroom. It was my good fortune to begin exploring this process in a Philosophy of Education class at Tacoma Community College with Prof. Devon Edrington. Since 1978, he had been using Hemi-Sync and music with his philosophy class, enhancing the cognitive learning process. Students utilized headsets in a lab setting, listening to Hemi-Sync mixed with music and cognitive material.

I left television and went to the classroom as a teacher -- teaching split level first and second grade. Soon, I began using Hemi-Sync as it had been presented to me. The exception was that I used stereo speakers instead of headphones.

Within a year I was enjoying the benefits of a highly functional and creative classroom of first and second graders. I received recognition for my efforts. In the summer of 1984, it was recommended that test score data be used to "substantiate the

need for further study of the impact of Hemi-Sync and related instructional technology." That data supported the conclusion that my students did very well. But the recommendation further noted that "whether her results are because of Hemi-Sync or related to superior teaching skills needs to be examined from the context of at least one other school setting."

In October of '84, Hemi-Sync was introduced into three other classrooms as a tool. Two of the classrooms were splits (2nd and 3rd grades and 4th and 5th grades) and one 6th grade. All the teachers initially experienced immediate benefits of a quieter environment, increased productivity and fewer class disruptions. After using the Hemi-Sync Synthesizer to change the atmosphere of the classroom, each teacher agreed to try imaging exercises in the area of Language Arts. Imaging proved to be a natural process to use once the students were focused.

The Synthesizers were utilized in the classroom through June of '85. The statistical results of this study (which include test score comparisons for each of the classrooms) are not available at this time, but will be in the near future.

The import of the results is that all teachers who participated in the study, whether they continued to use the Synthesizer or not, changed their system of management. I don't purport to evaluate whether the Synthesizer was a catalyst for change or not in these classrooms. However, the change did occur in the classrooms utilizing the Synthesizer.

At present, I am designing a curriculum of activities (called "Creative Self-Management") for presenting my ideas to other teachers so that my model can be tested for its effectiveness.

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#### CHANGE IN MEMBERSHIP REQUIREMENTS

For those of you who have been interested in becoming a Professional Member of The Monroe Institute, but felt you didn't have time for the requirement of submitting three written reports annually -- now's the time to reconsider. Based on feedback from Professional Members and would-be Professional Members we have revised the reporting requirement.

We still ask that Professional Members be willing to actively utilize the Hemi-Sync process and conduct research with patients, clients or students and report any findings to the Institute. But now the reporting requirement is more flexible --when a report should be submitted is largely up to the judgment of the professional. We realize how busy you are, and that much of your observation and research takes time before results are readily apparent. Therefore, we now require only one written report per year.

If you have any questions about Professional Membership, please contact Jean Wallis, The Monroe Institute, Rt. 1, Box 175, Faber, VA 22938, (804) 361-1252.

USE OF MONROE INSTITUTE TAPES  
BY HOSPICE OF CHATTANOOGA PATIENTS  
submitted on behalf of team members by  
Ruth Domin, MHR

In February of 1986, Hospice of Chattanooga began to investigate the potential of the Monroe auditory system with selected patients. Hospice of Chattanooga is a non-profit agency which provides specialized home care of patients in the last stages of life-threatening illnesses. Nurses, other health professionals, and a corps of trained volunteer patient/family support practitioners address problems of pain, fear, anxiety, and loneliness in order for the end of life to be experienced as a natural event within the warm environment of the family.

Purpose

To alleviate pain and erase its memory; to relieve any personal or interpersonal stress associated with life-threatening illness, death or dying; to free the spiritual elements of the physical forces of the body; to bring peace, comfort and harmony to patients and their families.

Procedure

Offer the option of using a Monroe Institute Hemi-Sync tape to selected hospice patients and their families. Nurses and patient/family support practitioners who monitor the patient also use the tapes. Nurses monitor patient vital signs before, during and after listening to a tape for the first time (continue monitoring once a week, or as appropriate). Leave a notebook with the patient and family for keeping a brief record by the nurse, patient/family support practitioner and patient (or caregiver). The record includes vital signs and patient responses during the tape and afterwards. Notes on physical, attitude or behavioral changes may be added after the tape is used.

Methods

The staff nurse who leads the hospice team explains to the patient and primary caregiver the availability of a special tape that could benefit the patient. When permission to use the tape is secured from the patient and caregiver, three members of the team visit the home together: nurse, patient/family support practitioner, and director of volunteers and education.

A brief description of the Hemi-Sync process is given. Various uses of Monroe tapes, and the possible value of a tape in meeting specific needs of the patient are explained. After answering any questions the patient or family may have, the nurse checks the patient's vital signs and leaves the blood pressure cuff on the patient's arm, explaining that she will check the patient again during the tape. The nurses have good rapport with the patients, as do the support practitioners, and

the added attention from the team has been welcomed by the patients.

We bought some small notebooks and pasted some simple instructions on the inside of the front cover. When the wife of one patient said she would observe him while he listened to the tape, we gave her a list of observations we hoped would be useful in assessing the effectiveness of the tape.

We leave the notebooks with the patients and primary caregivers with instructions to keep brief records of each use of the tape.

### Case Studies

[Note: The full report submitted 4 case studies. For purposes of space, we only include one of those case studies in this newsletter.]

PATIENT #1: J.M.

J.M.: Male, 65, bedridden, in the last stage of colon cancer, never married, surrogate father and head of family made up of mother, sister, nephews, nieces, and great nieces.

Primary Caregiver: Sister

Date: February 6, 1986

Tape: "Deep 10 Relaxation"

Goal: To help patient achieve a state of peacefulness and attain his desires.

#### Vital Signs:

12/19/85 (date admitted),	BP 140/70	(following day)	BP 100/70
Until 2/6/86,	BP 110/70		
2/6/86 before tape,	BP 110/80	P 100	R 30
After 20 minutes,	BP -----	P 90	R 28
After tape,	BP 120/80	P 98	R 30

#### Description

The patient was admitted 12/19/85, hemorrhaged the following day, and no support practitioner was assigned, as death was expected. However, the patient rallied and a support practitioner saw the patient and family before Christmas.

The patient, an avowed agnostic, who believed this physical world is the only one there is, was a gentle man (most of the time), dearly loved by his family, all of whom belonged to a fundamentalist church. As a member of a lower income family, his interests also differed in other ways. He had an extensive classical music collection of records and tapes which he listened to and valued greatly. His walls were lined with books -- good literature.

The hospice nurse and support practitioner suspected that his concern over his family kept him from dying. He often gestured to indicate he wanted a knife to end it all. The nurse said she understood and would bring him a tape to help him relax and cope with his feelings. The "Deep 10 Relaxation" tape was chosen because it is non-controversial from the standpoint of his beliefs (he flared at the mention of any existence other than this one), and because the tape not only relaxes the listener but enhances an awareness of energy. Would the patient relax and go with the energy? We wondered.

The patient lay under a blanket with an unshaded light bulb burning on the wall over his head. During the tape his breathing was deeper, more rhythmic, eyes were closed, jaw relaxed, mouth open. As this was our first patient to listen to a tape, we had not thought of checking his vital signs during the tape. The nurse decided to check his pulse and respiration, but did not disturb him to put the blood pressure cuff on while he was listening to the tape.

Once during the tape the patient hiccuped and opened his eyes, then sank back with face muscles very relaxed. When the tape was over, he frowned, face tense, and began to hiccup. The nurse reported his heart was more irregular than before -- "bounding." His blood pressure was higher than it had been since before Christmas when he hemorrhaged. However, he said the tape relaxed him and he enjoyed it.

The nurse visited the patient the following day and reported that he was beginning to die. She suspected that the tape gave him the freedom to let go, that he had frowned after listening to the tape because he did not want to come back and was upset when he had to. The patient died three days later, February 10.

The sister of the patient was somewhat reluctant to permit use of the tape in the beginning. Later, at the funeral home, she sought out the nurse and talked about what happened: "After the tape, he changed. It did something to him. He let go. It let him turn loose and go on."

The nurse summarized use of the tape as "a positive experience for the patient and family."

### Results

With this very brief and tenuous beginning, we have already learned much.

### Darkened Room

The staff nurses say patients whose usual preference is for a darkened room when they sleep, often ask to have lights left on when they are near death. Our first patient wanted a light. His use of the tape did not seem to be affected by it. The other

patients have relaxed in normal daylight conditions.

#### Telephone

Patients with primary caregivers in the home will probably not have to be concerned with the phone. Patients such as M.L. who live alone, cling to the phone as a life-line. Also, their friends and family would probably rush over to see what was wrong if the phone was not answered or rang busy for too long. Before taking the phone off the hook, these patients would need to let their family and friends know what they were doing. More experience is needed to determine the best procedure. The best way may be individual: whatever the patient says is best.

#### Use of Equipment

When a patient is unfamiliar with the equipment and lives alone, it may be best to take a cassette player and headset to the patient each time a tape is played. The 82-year-old widow who lives alone had difficulty operating the cassette player. This may have been part of her reason for deciding against use of a Monroe tape.

#### Primary Caregiver Present

When selecting candidates for use of the tapes, one consideration might be the presence of a primary caregiver in the home.

#### Primary Caregiver Use of Tape

The sister of J.M. was anxious about many things. We wondered if her anxiety might have been relieved, and if she might have been more willing for the patient to listen to the tape, if she had listened to it too. When appropriate with future families, the primary caregiver will be encouraged to use the patient's tape and to record the use, in sequence with the patient's record, in the patient's notebook.

#### Hospice Tape

Some patients are unable to sit up and cannot follow the instructions at the end of the "Deep 10 Relaxation" tape. We are noting possible changes or additions to the tape that might be helpful in developing a tape (or tapes) to meet the various needs of hospice patients.

#### Vital Signs

The sample is too small to determine the significance of vital signs or to have any idea whether a pattern will emerge as the nursing staff continues to record them. J.M.'s nurse was so surprised when his blood pressure was higher after listening to the tape than it had been at any time during the weeks following his hemorrhage, that she went back and checked the records. (Note additional vital signs for patient #1).

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